any evidence-based conditions. Risperidone had the lowest levels of non-evidence base use of (30.59%) and aripiprazole had the highest (77.13%). **CONCLUSION:** The rate of atypical antipsychotic use in pediatrics has doubled between 2001 and 2005 and a large proportion of the usage in the Arkansas Medicaid pediatric population is not based on strong clinical evidence.

**PMH71**

### PREVALENCE OF CONCOMITANT USE OF ANTICHOLINERGIC MEDICATIONS AND CHOLINESTERASE INHIBITORS IN A MEDICAID NURSING HOME POPULATION

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**OBJECTIVE:** Anticholinergic medications (ACH) have clinical benefits but also impair cognitive function in older adults and may counteract benefits of cholinesterase inhibitors (CHI) in Alzheimer's and other dementias. Prevalence of ACH use and concomitant ACH and CHI use among Indiana Medicaid recipients in nursing homes with dementia was determined. **METHODS:** A retrospective cross-sectional analysis of Indiana Medicaid claims and enrollment files identified persons 65 y/o or older with dementia who took CHI anytime in 2004 and were Medicaid-eligible and in nursing homes continuously in 2004. Dementia was identified using 26 ICD-9 diagnosis codes determined in a prior study as specific for dementia. To exclude persons with just a trial of CHI, only persons receiving a second CHI prescription within 30 days of the end of the indicated days-supply of a prior CHI prescription were classified as CHI users. Only users of drugs identified in published reports as having clinically significant ACH adverse effects (Level 2) or markedly ACH adverse effects (Level 3) were classified as ACH users. Concomitant use was defined as overlap in periods covered by CHI and ACH supply. Days of concomitant use and ACH activity levels also were examined. **RESULTS:** The sample of 3251 individuals had a mean age of 83 years, was 75% female and, 89% white. Among these, 1,888, 58.07%, (95% CI = 56.38–59.77) received an ACH some time during the year and 1519, 46.72% (95% CI = 45.01–48.44) received an ACH concomitantly with CHI. Among concomitant users, mean number of days of concomitant use was 158.96 days (95% CI = 152.61–165.31) and a majority, 58.13% (95% CI = 55.65–60.61) received a Level 3 ACH concomitantly with CHI. **CONCLUSION:** Concomitant ACH and CHI use was high among nursing home residents with dementia. Assessing opportunities for alternatives might lead to strategies for tackling this therapeutic dilemma.

**PMH72**

### OFF-LABEL USE OF SECOND-GENERATION ANTIPSYCHOTICS AMONG ADULT PATIENTS WITH BIPOLAR DISORDER IN A LARGE MANAGED CARE POPULATION

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**OBJECTIVE:** This study was designed to determine the degree to which second-generation antipsychotics were used off-label for patients with bipolar disorder (BPD) and to identify patient characteristics which were most associated with off-label second-generation antipsychotic use. **METHODS:** The multi-state (PHARMetrics) medical claims database was used to evaluate 105,771 adult patients with a diagnosis of bipolar disorder. The study period was between 1998–2002. The off-label use of a second-generation antipsychotic medication was defined as a patient either receiving olanzapine before March 2000 or any second-generation antipsychotic, other than olanzapine, during the entire study period. Olanzapine was differentiated from the others in its class because it was approved for use in BPD in 2000. Multivariate logistic regression analysis was used to assess the risk of receiving a drug off-label. **RESULTS:** Sixty-three percent of the patients were female, and the mean age was 40.3 years. Eleven percent of patients were on lithium, 25% received other anticonvulsants, 34% were treated with antidepressants, and 10.5% (7.1% off-label) took second-generation antipsychotics. A higher risk of off-label use was associated with psychiatry specialist prescribers (Odds Ratio = 1.52, 95% Confidence Interval 1.44–1.59) and certain comorbidities such as substance abuse (OR = 1.51, 1.38–1.66), anxiety disorder (OR = 1.20, 1.14–1.26), diabetes mellitus (OR = 1.26, 1.16–1.37), cerebral vascular disease (OR = 1.26, 1.10–1.45), and hypertension (OR = 1.12, 1.05–1.20). **CONCLUSION:** The off-label use of second-generation antipsychotics in treating BPD was fairly common from 1998–2002 and their use was associated with some key clinical factors. Our results add to a growing literature that relationship links the use of newer antipsychotics with diabetes, hypertension, obesity, and cerebral-vascular disease.

**PMH73**

### INITIATION OF ATOMOXETINE VS. STIMULANTS FOR CHILDREN WITH ADHD IN MEDICAID SETTINGS

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**OBJECTIVE:** To identify factors associated with treatment initiation of atomoxetine (ATX), stimulants (STIM), or long-acting stimulants (LA-STIM) in children with ADHD using Medicaid. **METHODS:** Data were from the IMS Health LRx Database. Patients covered by Medicaid age <18 years old were selected if they initiated treatment with an ADHD medication categorized as ATX, any STIM, or LA-STIM between January 2005 and December 2005. Initiation was defined as the first use of a medication preceded by 120 days without a prescription in the same category. Stepwise logistic regression was used to identify the factors associated with initiations of ATX vs. STIM or ATX vs. LA-STIM adjusting for age (0–5 vs. 6–12, 13–17 vs. 6–12), gender, prior ADHD medications, other concomitant psychiatric medications, provider specialty, and a number of unique of previous ADHD medications used. **RESULTS:** A total of 24,141 patients (68.62% male) most recently initiated treatment with ATX, 144,451(68.84% male) with STIM, and 129,323 (68.82% male) with LA-STIM. Increasing age was associated with increased likelihood of ATX initiation ($p < .05$) relative to STIM. Other significant factors (all p-value < 0.001) were initiation concomitant with use of antidepressants (OR = 1.29), antimanics (OR = 1.34), antipsychotics (OR = 1.49), anxiolytics (OR = 1.69), or anticonvulsants (OR = 1.33). ATX initiation also became more likely with increasing number of historical ADHD treatment episodes. Pediatricians were more likely to prescribe STIM over ATX relative to general psychiatrists (OR = 0.76). Factors for initiation of ATX vs. LA-STIM were similar to those for the STIM comparisons. **CONCLUSION:** The factors associated with initiation of ATX vs. STIM or ATX vs. LA-STIM suggest that despite common indications, atomoxetine and stimulants may be addressing different needs. The findings suggest that ATX is preferentially prescribed for patients with psychiatric comorbidities or potentially complicated treatment profiles.